



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/359,975
	Filing Date	July 23, 1999
	First Named Inventor	David B. Weiner et al
	Art Unit	1636
	Examiner Name	W. Sandals
Total Number of Pages in This Submission	Attorney Docket Number	UPAP0002-100

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ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Request for Continue Examination Transmittal; Attachments to Amendment: Abstract of <i>Mongr Allegory</i> (1988) 23:225-35.; Abstract of <i>J. Pediatrics</i> (1999) 134:589-96.; Abstract of Turk J. Pediatr. (1992) 34:203-9.; Package Insert for BayTet® (Tetanus Immune Globulin (Human)); Package Insert for BayRab® (Rabies Immune Globulin (Human)); Package Insert for BayGam® (Immune Globulin (Human)); Package Insert for BayHep B® (Hepatitis B Immune Globulin (Human)); postcard receipt		
<table border="1"><tr><td>Remarks</td><td><i>Express Mail: EL964554863 US</i></td></tr></table>			Remarks	<i>Express Mail: EL964554863 US</i>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Daniel M. Scolnick, Ph.D., Regis. No. 52,201
Signature	<i>Daniel M. Scolnick</i>
Date	March 5, 2004

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Typed or printed name	<i>Daniel M. Scolnick</i>		
Signature	<i>Daniel M. Scolnick</i>	Date	March 5, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 2250.00

Complete If Known	
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 50-1275		Fee Code Fee (\$)	
Deposit Account Name: COZEN O'CONNOR		Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)		Fee Description Fee Paid	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments		1051 130 2051 65 Surcharge - late filing fee or oath	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1053 130 1053 130 Non-English specification	
		1812 2,520 1812 2,520 For filing a request for reexamination	
		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
		1251 110 2251 55 Extension for reply within first month	
		1252 420 2252 210 Extension for reply within second month	
		1253 950 2253 475 Extension for reply within third month	
		1254 1,480 2254 740 Extension for reply within fourth month	
		1255 2,010 2255 1,005 Extension for reply within fifth month	
		1401 330 2401 165 Notice of Appeal	
		1402 330 2402 165 Filing a brief in support of an appeal	
		1403 290 2403 145 Request for oral hearing	
		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
		1452 110 2452 55 Petition to revive - unavoidable	
		1453 1,330 2453 665 Petition to revive - unintentional	
		1501 1,330 2501 665 Utility issue fee (or reissue)	
		1502 480 2502 240 Design issue fee	
		1503 640 2503 320 Plant issue fee	
		1460 130 1460 130 Petitions to the Commissioner	
		1807 50 1807 50 Processing fee under 37 CFR 1.17 (q)	
		1806 180 1806 180 Submission of Information Disclosure Stmt	
		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
		1809 770 2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
		1801 770 2801 385 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 2250	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity Small Entity	Fee Description Fee Paid
Fee Code Fee (\$)	Fee Code Fee (\$)
1001 770 2001 385	Utility filing fee
1002 340 2002 170	Design filing fee
1003 530 2003 265	Plant filing fee
1004 770 2004 385	Reissue filing fee
1005 160 2005 80	Provisional filing fee
SUBTOTAL (1) (\$) 0	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims 40 -61 ** = 0	Extra Claims Fee from below Fee Paid
Independent Claims 3 -3 ** = 0	
Multiple Dependent	
Large Entity Small Entity	Fee Description Fee Paid
Fee Code Fee (\$)	Fee Code Fee (\$)
1202 18 2202 9	Claims in excess of 20
1201 86 2201 43	Independent claims in excess of 3
1203 290 2203 145	Multiple dependent claim, if not paid
1204 86 2204 43	** Reissue independent claims over original patent
1205 18 2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$) 0	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Daniel M. Scolnick, Ph.D.	Registration No. (Attorney/Agent)	52,201
Signature	<i>Daniel M. Scolnick</i>	Telephone	215.665.6928
		Date	March 5, 2004

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